SPIPA Native Women's Wellness Program BREAST Diagnostic Referral Services

Last Name	First	MI	DOB	Referring Clinic

Payee: ☐ NWWP ☐ Private Insurance ☐ Medicare/Medicaid ☐ Other **Date of Breast Screening:**

BREAST Diagnostic Procedures

☐ Additional Mammographic Views ☐ with film comparison

Date requested _____
Date performed _____
Location _____
Results date _____
Notified date _____

Results:
- ☐ Negative
- ☐ Benign findings
- ☐ Probably benign
- ☐ Suspicious abnormality
- ☐ Highly suggestive of malignancy
- ☐ Assessment incomplete – need additional evaluation
- ☐ Unsatisfactory
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ CBE by consultation
- ☐ Ultrasound
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Surgical consultation
- ☐ Definitive treatment

Referred date _____

☐ CBE by consultation

Date requested _____
Location _____
Date performed _____
Results date _____
Notified date _____

Results:
- ☐ Normal/benign changes
- ☐ Abnormal
- ☐ Unknown
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Diagnostic mammogram
- ☐ Ultrasound
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Surgical Consultation
- ☐ Definitive treatment

Referred date _____

☐ Ultrasound

Date requested _____
Location _____
Date performed _____
Results date _____
Notified date _____

Results:
- ☐ Negative
- ☐ Benign findings
- ☐ Probably benign
- ☐ Suspicious abnormality
- ☐ Highly suggestive of malignancy
- ☐ Known malignancy (biopsy dx)
- ☐ Assessment incomplete, need additional evaluation
- ☐ Unknown
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Diagnostic mammogram
- ☐ CBE by consultation
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Surgical consultation
- ☐ Definitive treatment

Referred date _____

☐ Fine Needle Aspiration (FNA)

Date requested _____
Location _____
Date performed _____
Results date _____
Notified date _____

Results:
- ☐ Non-suspicious
- ☐ Suspicious for neoplasm
- ☐ Unknown
- ☐ No fluid or tissue obtained
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Diagnostic mammogram
- ☐ CBE by consultation
- ☐ Ultrasound
- ☐ Biopsy
- ☐ Surgical consultation
- ☐ Definitive treatment

Referred date _____

BREAST Diagnostic Procedures, Continued

☐ Biopsy

Date requested _____
Location _____
Date performed _____
Results date _____
Notified date _____

Results:
- ☐ Normal breast tissue
- ☐ Benign changes
- ☐ Hyperplasia
- ☐ Carcinoma in situ
- ☐ Invasive breast cancer
- ☐ Unknown
- ☐ Low grade SIL
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Diagnostic mammogram
- ☐ CBE by consultation
- ☐ Ultrasound
- ☐ Fine Needle Aspiration (FNA)
- ☐ Surgical consultation
- ☐ Definitive treatment

Referred date _____

☐ Surgical Consultation

Date requested _____
Location _____
Date performed _____
Results date _____
Notified date _____

Results:
- ☐ Normal breast tissue
- ☐ Benign changes
- ☐ Hyperplasia
- ☐ Carcinoma in situ
- ☐ Invasive breast cancer
- ☐ Unknown
- ☐ Low grade SIL
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Diagnostic mammogram
- ☐ CBE by consultation
- ☐ Ultrasound
- ☐ Fine Needle Aspiration (FNA)
- ☐ Biopsy
- ☐ Definitive treatment

Referred date _____

☐ MRI ☐ Screening (HIGH RISK PATIENTS ONLY) ☐ Diagnostic

Date requested _____
Location _____
Date performed _____
Results date _____
Notified date _____

Results:
- ☐ Normal breast tissue
- ☐ Benign changes
- ☐ Hyperplasia
- ☐ Carcinoma in situ
- ☐ Invasive breast cancer
- ☐ Unknown
- ☐ Low grade SIL
- ☐ Refused/not done

Recommendations:
- ☐ Follow routine screening
- ☐ Short term follow up ____ months
- ☐ Diagnostic mammogram
- ☐ CBE by consultation
- ☐ Ultrasound
- ☐ Fine Needle Aspiration (FNA)
- ☐ Biopsy
- ☐ Surgical consultation
- ☐ Definitive treatment

Referred date _____

Case Management

Status of FINAL Diagnosis:
- ☐ Work-up complete
- ☐ Work-up pending
- ☐ **NO** cancer after diagnostic tests
- ☐ Work-up refused
- ☐ Lost to follow-up
- ☐ **YES** cancer after diagnostic tests

Date of Final Dx _____

Final Diagnosis:
- ☐ Carcinoma In Situ – other (stage 0)
- ☐ Ductal Carcinoma In Situ (Stage 0)
- ☐ Lobular Carcinoma In Situ (Stage 0)
- ☐ Invasive Breast Cancer
  - ☐ AJCC Stage I
  - ☐ AJCC Stage II
  - ☐ AJCC Stage III

Staging:
- ☐ AJCC Stage IV
- ☐ Unstaged
- ☐ Unknown stage
- ☐ Summary local
- ☐ Summary regional
- ☐ Summary distant

Treatment Status:
- ☐ Treatment started
  Date of Tx _____
- ☐ Treatment pending
- ☐ Treatment not needed
- ☐ Treatment refused
- ☐ Lost to follow-up

Provider Signature: _____ **Date:** _____

Patient Navigation

Date of initial phone call	Initials:	Notes:
Date of second phone call	Initials:	
Date of initial letter	Initials:	
Date of certified letter	Initials:	
Date of home visit	Initials:	**Signature:** **Date:**
☐ **Patient lost to follow-up**		